## **Acknowledgement of Review of Notice of Privacy Practices**

I have been provided with a copy of the Notice of Privacy Practice for Sai Medical Care, Suman Ravuri MD PA, which explains how my medical information will be used and disclosed. I understand that I am entitled to receive a copy of this document.
Signature of Patient or Personal Representative
Date
Printed name of Patient or Personal Representative
Description of Personal Representative's Authority
Printed name of Patient or Personal Representative  Description of Personal Representative's Authority